

PROMISING USE CASES IN ELECTRONIC DATA SHARING

Improving Existing Programs: Methadone Maintenance & Youth in Mental Health Crisis (SASS)

ILHIE Webinar

Thursday, February 28, 2013

Presented by Illinois Office of Health Information Technology
Dia Cirillo, Behavioral Health Project Director

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Improving Existing Programs with Electronic Data Sharing



Promising Use Cases for Today's Discussion:

1. Methadone Medical Evaluation Referral Process

Charles Sellers, New Age Services Corporation
Wanda Parker, Caritas

2. Youth in Mental Health Crisis

Mike Ouska, Lutheran Social Services of Illinois
Julie Kovacin, Lutheran Social Services of Illinois



What Makes a Use Case

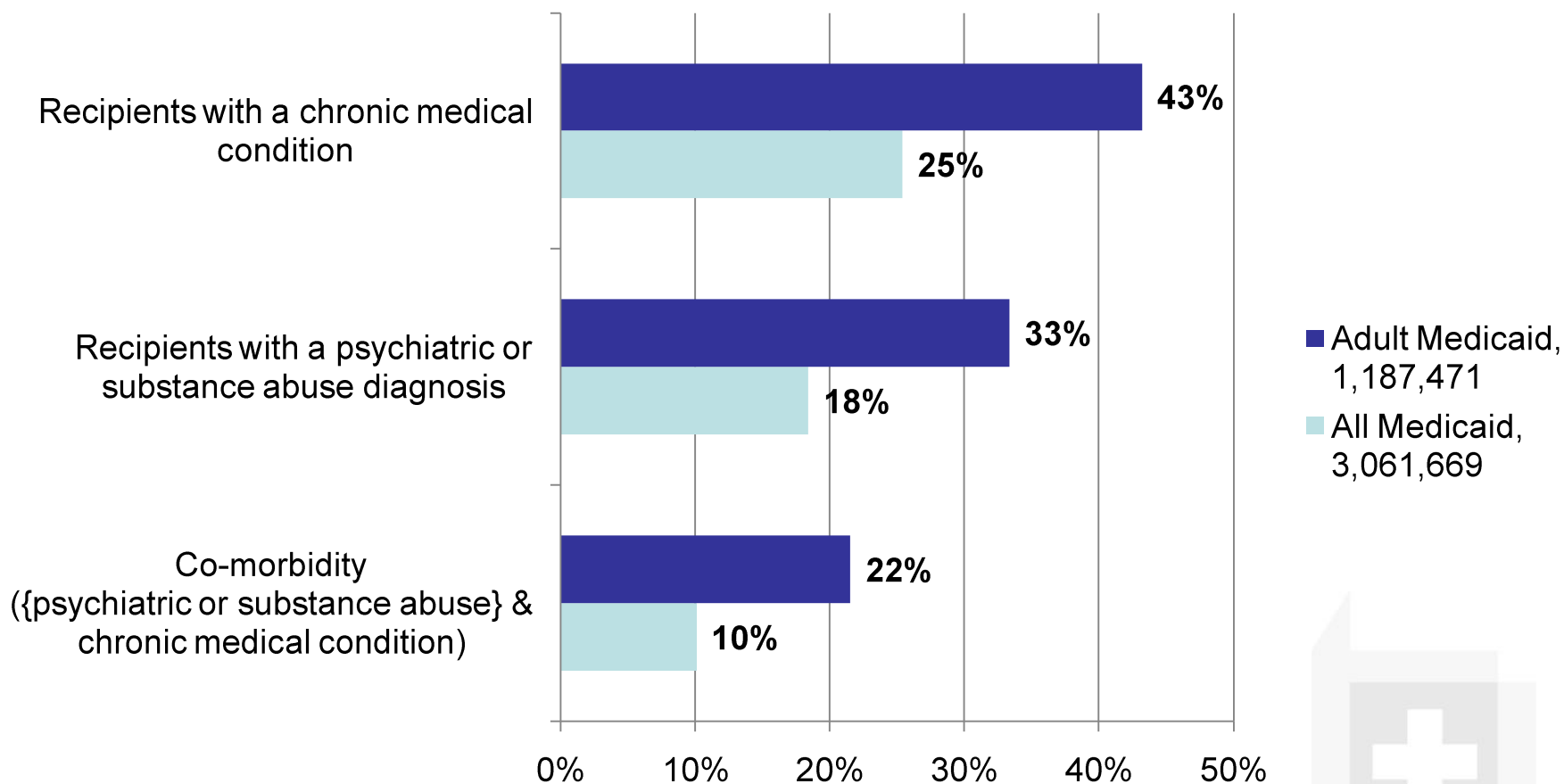
Hallmarks of a promising use case:

- Patient-centered
- Program specificity
- Clear service efficiencies
- Scalable and replicable

Essential for use case sustainability:

- Electronic exchange requires process restructuring in a pilot project driven by change management among all trading partners

Behavioral Health Disorders in the Medicaid Population



Source: Illinois Department of Healthcare & Family Services, October 2012

What is ILHIE Direct?

...a secured, encrypted messaging service that is HIPAA compliant

How it works:

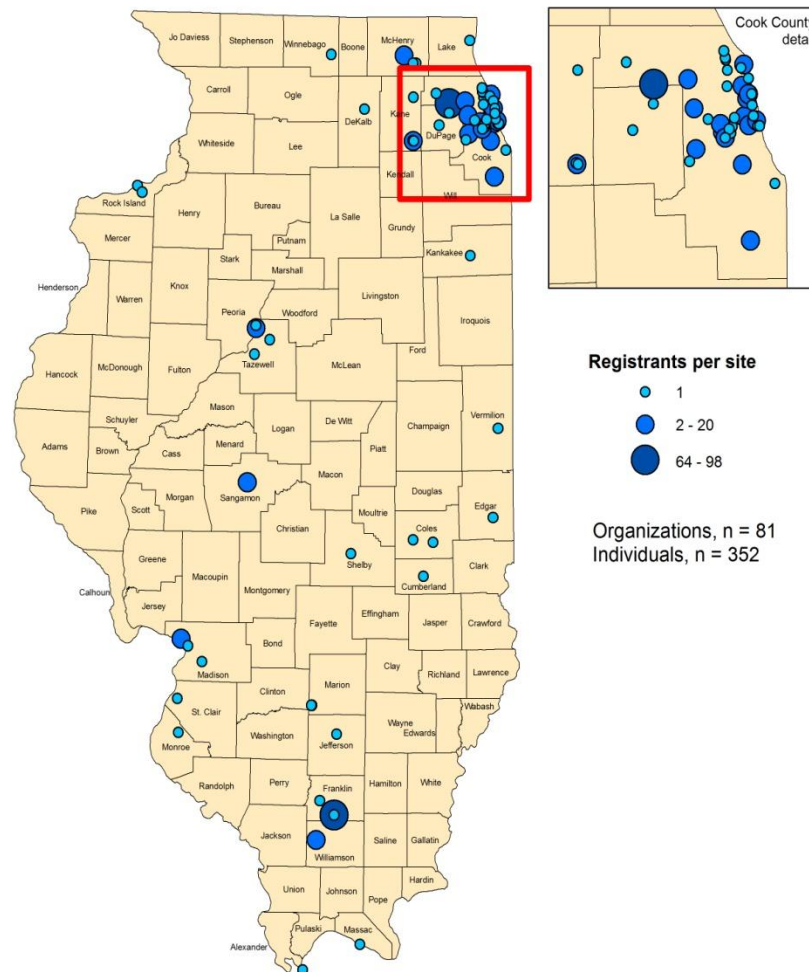
- Scan and send a record and/or consent form via ILHIE Direct
- **All you need is:**
 - An Internet connection
 - A web browser
 - A trading partner
- **You do not need:**
 - An Electronic Health Record (EHR) system.



Behavioral Health Organizations on ILHIE Direct - Geographic Diversity

ILHIE Direct Registrants by Organization

BHIP Cohort as of 2/8/13



Use Case 1: Methadone Medical Evaluation Referral Process



Presented by

New Age Services Corporation: Charles Sellers,
Director of Grants Programs and Development

Caritas: Wanda Parker, Director II



New Age Service Corporation (NASC)



- Behavioral Health provider, primarily Methadone Maintenance and provide:
 - Mental Health screening, assessment and counseling
 - Domestic Violence services
 - HIV Counseling/Testing/Education
- Located in North Lawndale on Chicago's West Side
- 70% of patients reside within 2 miles of the clinic
- NASC serves patients from 65 of the 77 Chicago communities and 15 suburban communities
- NASC Clients Served FY 2012
 - OMT 653
 - Community Based SBIRT 704
 - Other Programs (MH, IPV) 58



- Caritas Clients Served FY 2012
 - Comprehensive Evaluations 8,581
- Located in the Near West side community, is an Illinois not-for-profit corporation founded in 1974
- Provides comprehensive services to clients, including performing approximately 9,000 medical examinations, labs, and clinical assessments to substance abusing clients entering publicly funded substance abuse treatment programs in Chicago and the surrounding counties

Service for Electronic Exchange



- Methadone Maintenance was chosen due to the volume of patients served. Caritas was chosen as a service partner due to:
 - Caritas is contracted by IL DASA to conduct medical evaluations for patients desiring treatment in a DASA funded program.
- Immediate impact on our program
 - Eliminated travel
 - Improved confidentiality of records
 - Reduced time between medical evaluation and receipt of records
- Potential impact across the DASA treatment system
 - Caritas conducts 800 medical evaluations each month for patients of substance use treatment programs across the Chicago area. NASC may refer 20-30 patient per month (varies based on intake levels and other factors)

Organizational Approach

- In receipt of the BHIP grant, New Age Services and Caritas began implementation of the project work plan which for Caritas included scanning and converting the Central Intake comprehensive assessment into a PDF file to be uploaded and sent via ILHIE Direct to New Age Services, tracking documents sent and receiving initial referral paperwork from New Age Services.

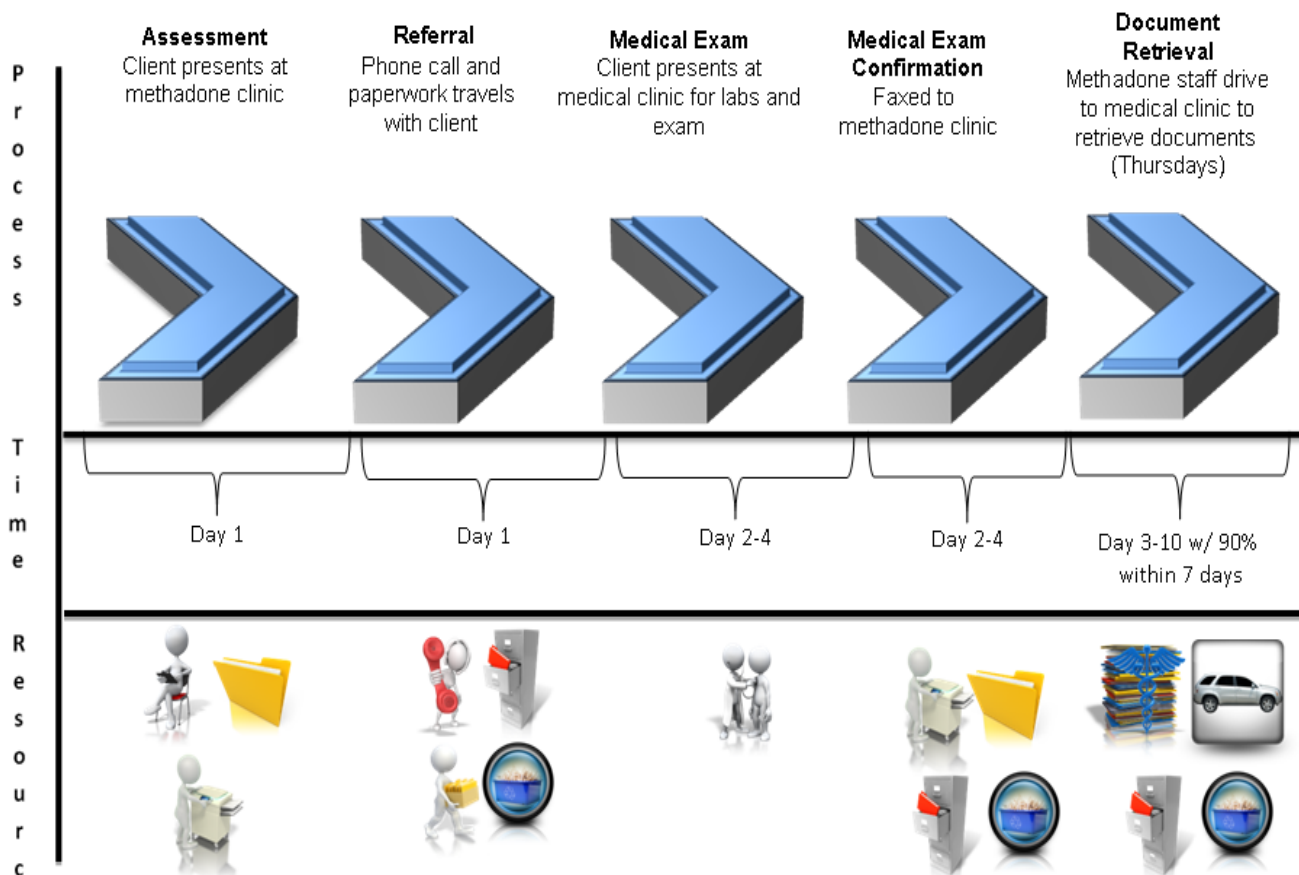


- NASC's Administrative Team was supportive of the project from initial planning stages. We recognized the inefficiencies in existing paper based exchange of PHI. A Project Supervisor was selected from the Admin Team to coordinate services and train staff.
- NASC assigned one employee to manage all electronic communications (Communications Specialist). The Communications Specialist gathered all information to be sent each day to Caritas. The Communications Specialist worked with the clinical staff to implement new procedures.
- Clinical staff had to unlearn previous procedures, which had been in place for many years. Out of habit, clinical staff occasionally reverted to paper based PHI transmission.
- PHI was transmitted to and received from Caritas at a specified time each day.

- The Project Director developed procedures and trained the designated staff that would be receiving and sending documents via ILHIE Direct.
- Training was done with the staff over the course of the week prior to implementation, however, refreshers and working out “kinks” was an ongoing process for quality improvement purposes.
- In monitoring effectiveness of the process, the Project Director would do spot checks with the scanned items, the face sheets that accompanied the Central Intake packets and would also monitor the ILHIE Direct communication to ensure delivery of electronic documents.

Methadone Medical Evaluation Referral Process

Before ILHIE Direct



TIME

7 days to process
~1300 cases/yr

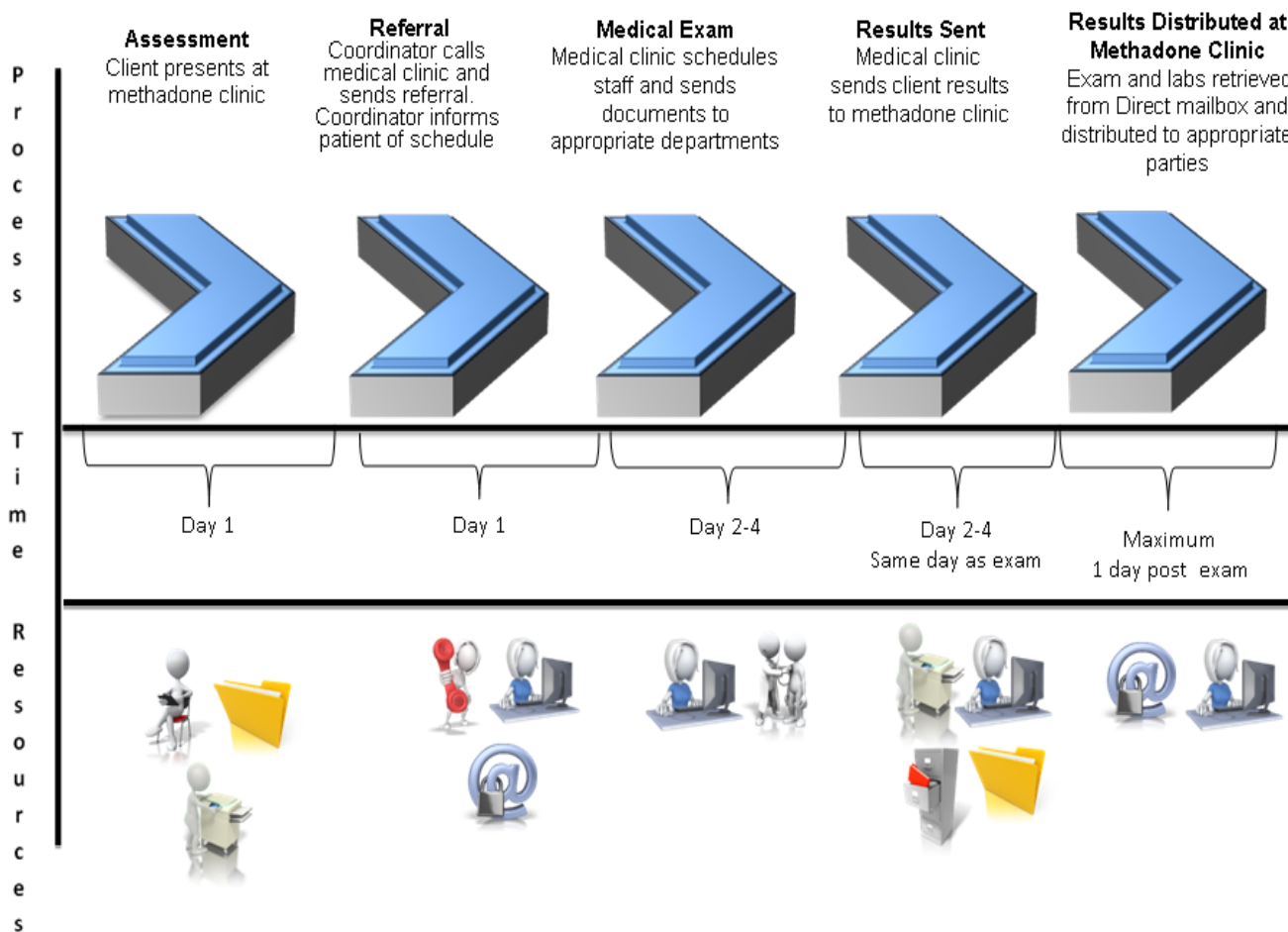
SERVICE CHALLENGE

Staff time spent on driving documents;
Confidentiality risks

Methadone Medical Evaluation Referral Process



With ILHIE Direct



TIME SAVED

**At least 4 days;
Staff no longer
drive documents**

SERVICE IMPROVEMENT

**Faster processing
creates a “warm
hand-off” and
direct connection
to treatment;
Eliminates risks to
confidentiality**

- **Win:** New processes were established at NASC with few problems.
- **Obstacle:** Patients who have been in service for several years expected to get paperwork to take to Caritas-we did not anticipate the “unlearning” that needed to happen with patients.
- **Win:** the process was very easy, and became an ordinary daily process within 2 weeks.
- **Win:** Significant savings in staff time spent transporting PHI to/from Caritas. This time savings allows NASC to increase time spent with clients, with the potential of building revenues.
- **Win:** Eliminate risks regarding exposure of PHI.



Next Steps

- Caritas continues to use ILHIE Direct with NASC in receiving and sending their Central Intake packets. They have also partnered with El Rincon and now send and receive their documents through ILHIE Direct. There have been other agencies that expressed their desire to begin the electronic exchange and they are registering for ILHIE Direct and working out the technology needed for the system.
- This is an easily replicated process, and can benefit both agencies (and patients) in all our programs.
- NASC is reviewing all current medical, mental health and other community providers to request their participation in ILHIE Direct.
- We are reviewing which departments need their own ILHIE Direct address (nursing, HIV) to add to the network.

Use Case 2: Youth in Mental Health Crisis (SASS)



Lutheran Social Services of Illinois

Presented by

Mike Ouska, Chief Information Officer

Julie Kovacin, Director of Development for Mental Health Services



- **Founded in 1867**
- **Services Include:** Mental Health; Substance Abuse; Developmental Disabilities; Foster Care; Adoption; Head Start; Nursing Care; Assisted Living; Home-based Services for Seniors; Adult Day Care; Affordable Housing; and Support Services for Prisoners & Families
- Over 108,000 people served in Fiscal Year 2012
- **Locations:** 85 sites across Metropolitan Chicago and Northern, Central, & Southern Illinois



Screening Assessment and Support Services (SASS)

- Mobile crisis assessment and 90 days of community-based stabilization services for the 0-21 population, Medicaid, Uninsured, and DFCS wards
- Selected due to the mobile nature of program services & the high level of interaction with hospitals for sharing of assessment and treatment data
- SASS provider since 2004
- Served 772 unduplicated clients in FY12
- Hoped to achieve two- way electronic exchange of treatment information to eliminate duplication of work and delays from mailing & faxing



- **CIO** – ILHIE Direct Administrator & Technology advisor
- **SASS Supervisor** - advised on key relationships, procedural needs for program, & staff trainer
- **Director/Project Manager** – developed processes for LSSI and with exchange partners.
- **Advisory:** Executive Director of Behavioral Health
- **Partners:** Hartgrove Hospital
Chicago Childrens's Center at St. Elizabeth's
- Partners needed to consult with their management



Policy and Procedures – System Security

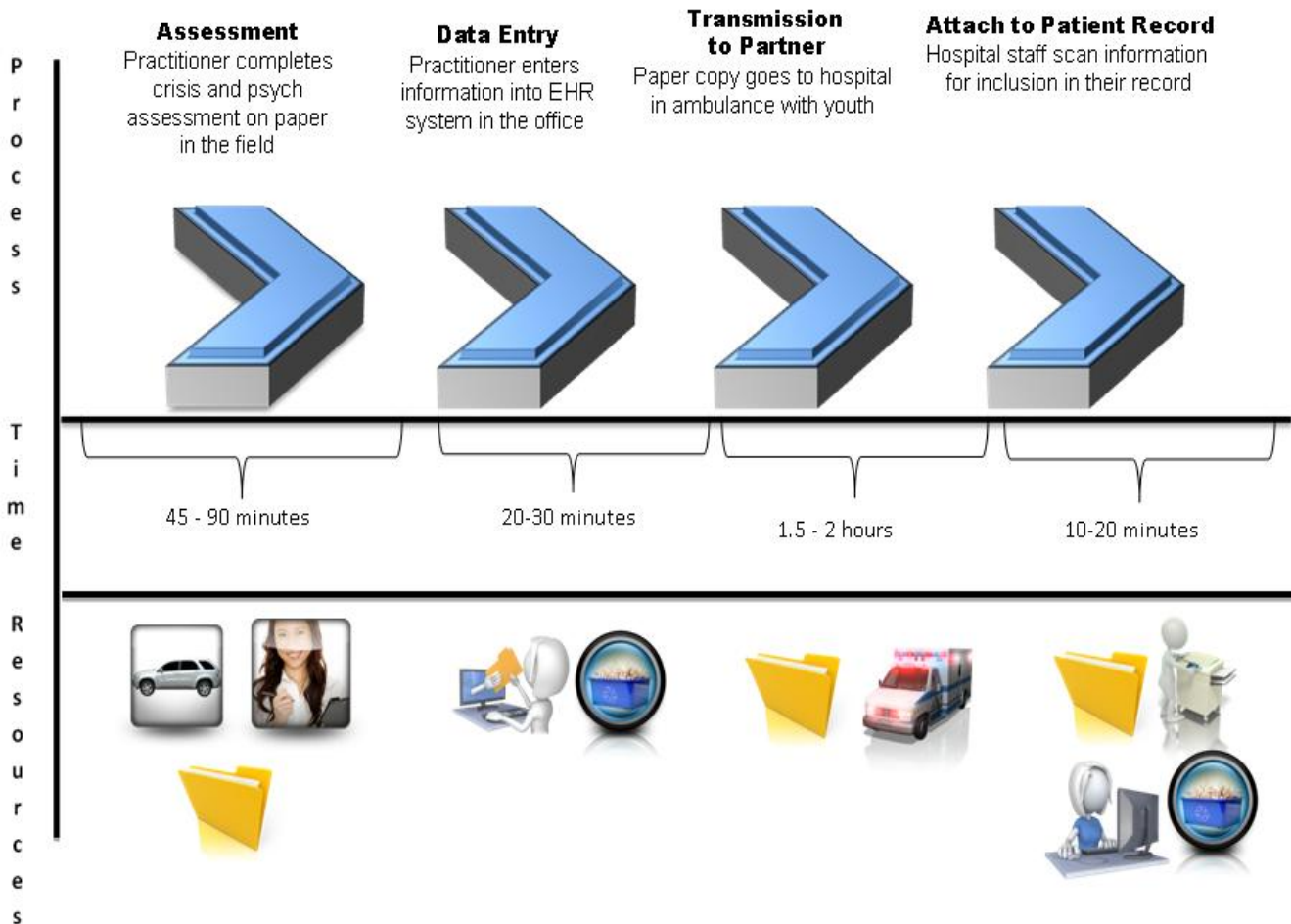


- IS Department establishes ILHIE Direct IDs and is prepared to disable IDs quickly if necessary – Supports HIPAA compliance.
- Receipt of ILHIE message triggers mail on agency mail system.
- Secure data location to stage uploads and downloads.
- Secure connection for mobile workers to access the EHR from anywhere, files to upload/download, ILHIE Direct.



- Procedures Written:
 - ILHIE Direct Access: Program requests for account access, passwords, & disabling accounts
 - Data Exchange: Consents; exporting documents from EHR and uploading external documents, storage of PHI during exchange process, file naming conventions, & deletion protocols
- Worked with our partners to establish best practices for data exchange
- SASS Supervisor piloted process, then trained staff

Before ILHIE Direct



2.75 – 3.33 hrs/case
>2342 hrs/yr for
~770 cases

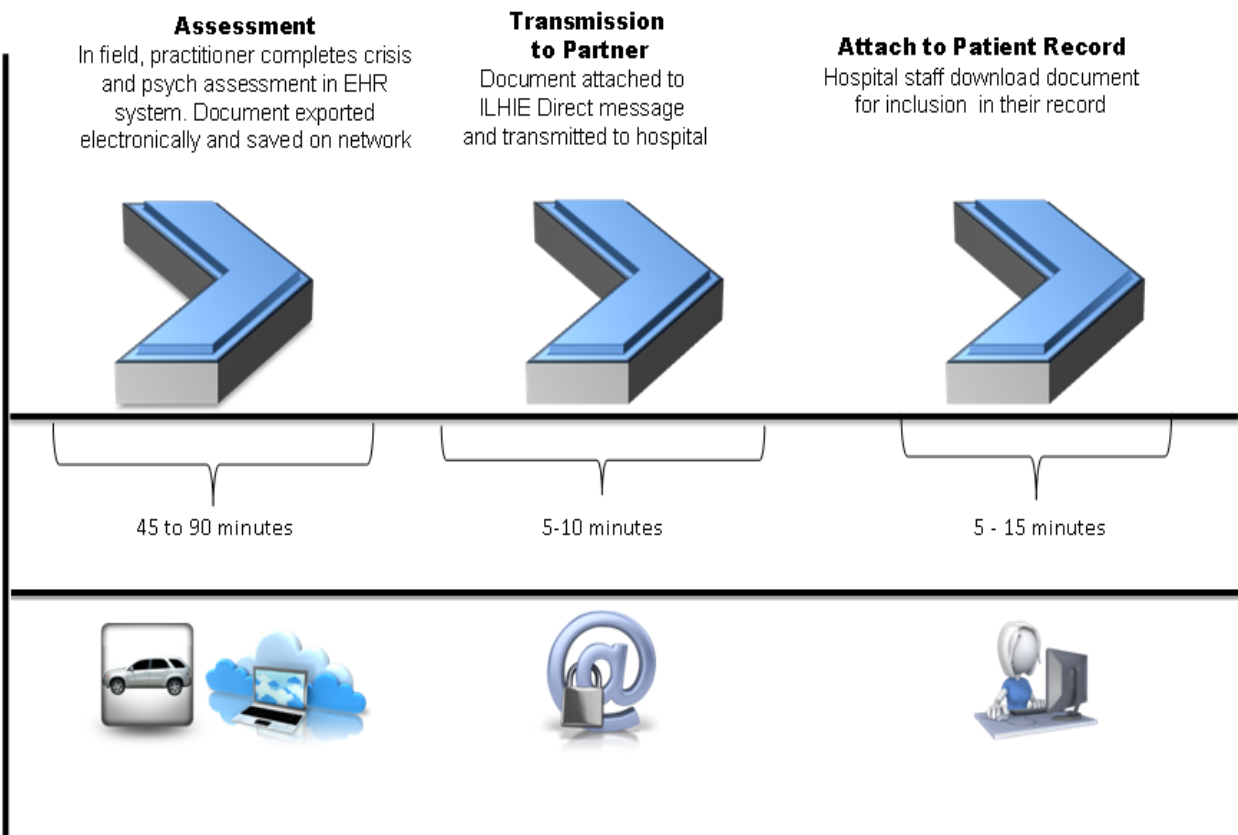
SERVICE CHALLENGE

Lengthy paper-based process vulnerable to delays up to 3 days, and loss of information. No access to faxing in mobile workforce.

Youth in Mental Health Crisis (SASS)

With ILHIE Direct

Processes
Time
Resources



PROCESS CONDUCTED REMOTELY
NO PAPER RECORDS TO MAINTAIN AND FILE

TIME SAVED

1.5 hrs/case
1251hrs/yr for
~770cases

SERVICE IMPROVEMENT

Quickly exchange
patient health info
remotely in secure
environment;
Build health record
that includes MH
issues

Wins & Obstacles

- **Obstacles:**
 - Partners' competing IT priorities and approval process
- **Wins:**
 - Eliminated redundant work writing crisis screen on paper
 - Hospital receives assessment quickly, not from ambulance
 - Eliminated the conversion of electronic documents to paper, then back to electronic
 - Hospitals send documents directly to the LSSI inbox & the transmission is more secure than a fax
 - Documents are accessed anywhere, no waiting by the fax
 - ILHIE provides an audit trail of messages /documents sent



Next Steps

- **What We Learned:**
 - ILHIE Direct was easy to use, quick, and enabled access from anywhere, relieving stress of our SASS team.
- **Next Steps:**
 - Skilled Nursing Facility of LSSI has established an ILHIE Direct ID and will explore potentially exchanging information with referring hospitals.
 - As a member of Together 4 Health CCE, LSSI will be establishing more ILHIE Direct IDs to enhance care coordination with other CCE members and improve our client's experience of care.



Coming Soon: Additional Webinars on Promising Use Cases



- **Creating New Programs and Approaches Using Electronic Data Sharing, March 7, 10:30 – 11:30 AM**
- **Mental Health Triage in Emergency Departments, March 14, 10:30 – 11:30 AM**



Thank you!



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